Heavy Vehicle / transport fleet questionnaire

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| --- | --- | --- |
|  | **Name of Proposer** |  |
|  | **Proposed period of insurance** | ………../…………/……….. to ...……../………../…….… |
|  | **Quotation required by** | ………../…………/……….. |
|  | **Current Insurer** |  |
|  | **How long have they held the risk?** |  |
|  | **If less than 3 years, who were the previous insurers?** |  |
|  | **Current Broker** |  |
|  | **How long have they been appointed?** |  |
|  | **If less than 3 years, who were the previous brokers?** |  |
|  | **Basis of rating of premium terms (last 3 years)** |  |
|  | **Fleet & Accident history for the past 5 years (Note: Minimum 3 years to be provided)** | |

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| --- | --- | --- | --- | --- | --- |
| **Period** | **No. of Vehicles** | **Total Fleet Value ($)** | **Excess**  **($)** | **No. of Claims** | **Total Cost of Claims ($)** |
| dd/mm/yyyy to dd/mm/yyyy |  |  |  |  |  |
| dd/mm/yyyy to dd/mm/yyyy |  |  |  |  |  |
| dd/mm/yyyy to dd/mm/yyyy |  |  |  |  |  |
| dd/mm/yyyy to dd/mm/yyyy |  |  |  |  |  |
| dd/mm/yyyy to dd/mm/yyyy |  |  |  |  |  |

|  |  |
| --- | --- |
|  | **Provide details of losses > $30,000 (The above claims information is to be confirmed in writing)**  <insert detail> |
|  | **Has insurance been refused in the past 5 years?**  Yes  No  If Yes, please provide details:  <insert detail> |
|  | **Attach a schedule of vehicles to be insured including market value and details of vehicles subject to leasing requirements.** |

**DESCRIPTION OF BUSINESS AND OPERATIONS**

|  |  |  |
| --- | --- | --- |
|  | **Gross Freight Earnings** | $ |
|  | **How long in business?** |  |
|  | **Previous trading names** |  |
|  | **Main base of operation** |  |
|  | **Other depots** |  |
|  | **Is the Proposer “Truck Safe” accredited?** | Yes  No  If Yes, please provide date accredited: |
|  | **Indicate the nature of operations, nature of goods carried and the respective percentage(s). Note: Details of any hazardous or dangerous goods carried are to be specifically provided.** |  |
|  | **Detail use/operating radius and the respective percentage(s).** |  |
|  | **Main destinations/cities vehicles trave to/from** |  |
|  | **Nominated major current contracts** |  |
|  | **Has there been growth (> 15%) in the company ‘s operations during the past 12 months?** | Yes  No  If Yes, please provide details: |
|  | **Are any vehicles governed/ speed limited?** | Yes  No  If Yes, please provide details: |
|  | **Are any units fitted with tachographs?** | Yes  No  If Yes, please provide details: |
|  | **Are B-Double units used?** | Yes  No  If Yes, please provide details: |
|  | **Are any units engaged in road train operations?** | Yes  No  If Yes, please provide details: |
|  | **Does the proposer use sub-contractors?** | Yes  No  If Yes, provide full details, eg full or part time etc. |
|  | **Is there a “Non Owned Trailer” Liability exposure?** | Yes  No  If Yes, please provide details: |
|  | **Are any vehicles operated on a 24-hour basis?** | Yes  No  If Yes, please provide details: |
|  | **Are vehicles dedicated to particular drivers full time?** | Yes  No |
|  | **Does the Proposer have facilities to perform** | (a) Accident repairs  Yes  No  (b) Service and maintenance  Yes  No  If yes, please provide details |
|  | **Are all your vehicles in a safe, roadworthy, undamaged condition?** | Yes  No |

**DRIVERS**

|  |  |  |
| --- | --- | --- |
|  | **Are there any drivers under 25 years old?** | Yes  No |
|  | **Number of drivers** |  |
|  | **Is there a high turnover of drivers?** | Yes  No |
|  | **What is the usual length of time drivers stay with the company?** |  |
|  | **Are drivers required to complete questionnaire on employment?** | Yes  No |
|  | **Are drivers employed on a permanent basis?** | Yes  No |
|  | **Describe criteria for driver selection** |  |
|  | **Describe driver training program, if any** |  |
|  | **Describe any driver incentive scheme** |  |
|  | **Any additional information** |  |

**SECURITY**

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| --- | --- | --- |
|  | **Are vehicles garaged at one place?** | Yes  No |
|  | **What is the maximum value of all vehicles at the one location?** | $ |
|  | **Are vehicles garaged in:** | (a) Unsecured open area  Yes  No  (b) Secure locked compound  Yes  No  (c) Enclosed covered area  Yes  No |
|  | **Does security lighting exist?** | Yes  No |
|  | **Do security guards patrol depot?** | Yes  No |
|  | **Are guard dogs used?** | Yes  No |
|  | **Are keys left with vehicles?** | Yes  No |
|  | **Other additional information** |  |

**YOUR PRIVACY**

We are committed to protecting your privacy. We use the information you provide to advise about and assist with your insuranceneeds. We only provide your information to the companies with whom you choose to deal (and their representatives). We do not trade, rent or sell your information.

If you don’t provide us with full information, we can’t properly advise you and you could breach your duty of disclosure. You can check the information we hold about you at any time.

For more information about our Privacy Policy, ask us for a copy or visit [www.wgib.com.au](http://www.wgib.com.au).

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